

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL.**

1. TRANSMITTAL NUMBER:
SC 10-014

2. STATE
South Carolina

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
October 1, 2010

5. TYPE OF PLAN MATERIAL (*Check One*):

- NEW STATE PLAN
- AMENDMENT TO BE CONSIDERED AS NEW PLAN
- AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR, Subpart C

7. FEDERAL BUDGET IMPACT: 75.19%

- a. FFY 2011 \$ 3.2 million (\$4.2 million x 75.19%)
- b. FFY 2012 \$ Multipliers will be updated

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Pages 1, 1a, 1a.1, 1a.2, 1b, 1c, 1d, and 1e

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):

Attachment 4.19-B, Pages 1, 1a, 1a.1, 1a.2, 1b, 1c, 1d, and 1e

10. SUBJECT OF AMENDMENT:

Updated hospital specific outpatient multipliers effective October 1, 2010 and implement the Medicare Clinical Lab Fee Schedule rates effective October 1, 2010.

11. GOVERNOR'S REVIEW (*Check One*):

- GOVERNOR'S OFFICE REPORTED NO COMMENT
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
- OTHER, AS SPECIFIED:
Ms. Forkner was designated by the Governor to review and approve all State Plans

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Emma Forkner

14. TITLE:
Director

15. DATE SUBMITTED:
December 30, 2010

16. RETURN TO:

South Carolina Department of Health and Human Services
Post Office Box 8206
Columbia, SC 29202-8206

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
12-30-11

18. DATE APPROVED:
07/22/11

PLAN APPROVED -- ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
10/01/10

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Davida Kimble

22. TITLE:
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Opns

23. REMARKS:

Approved with following change as authorized by State Agency on email and letter dated 06/02/11.

Block # 7 changed to read: 7b FFY 2012 3.7 million.